



### Patient Information

Date

Jan ▼ 19 ▼ 2021 ▼

Gender

Male Female

Title

None Mr. Mrs. Miss Ms. Dr.

First Name

MI

Last Name

Preferred Name

Birthdate

▼ ▼ ▼

Social Security #

Cell #

Home #

Work #

EXT

Address

City

State

 

Zip Code

Email

How did you learn of our office?

 

Marital Status

    

Appointment Preference

  

On Short Notice?

 

For your convenience our office can communicate with you by text or email. It's okay for the office to

Text me

Email me Send me appointment reminders

Patient Is (Select All That Apply)

 Patient Policy Holder Responsible Party

Employed

 Full-Time Part-Time N/A

Student

 Full-Time Part-Time N/A

In case of emergency, please contact

Phone

Relation

**Who is responsible for your account?** Self Spouse Father Mother Other

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**Insurance Information**

Do you have Insurance?

 Yes No

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**Dental Information**

Reason for today's visit

Are you in pain?

Yes No

**Please indicate any of the following problems by selecting the corresponding box:**

Discomfort, clicking, or popping in jaw

Lost / broken filling(s)

Stained teeth

Difficulty closing jaw

Red, swollen, or bleeding gums

Teeth grinding / clenching

Locking jaw

Difficulty opening jaw

A removable dental appliance

Ringing in ears

Bad breath

Loose / shifting teeth

Blisters / sores in or around the mouth

Broken / chipped tooth

Burning tongue / lips

Gum Disease

Prolonged bleeding from an injury / extraction

Toothache

Swelling / lumps in mouth

Recent infections or sore throat

Food caught between teeth

Other

If other, please explain

My teeth are sensitive to:

Hot

Cold

Sweets

Biting

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to this dental office all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.

Signature

Sign Here

Date

Jan ▾ 19 ▾ 2021 ▾

I hereby acknowledge that I have received a copy of this offices Notice of Privacy Practices. I may refuse to sign this acknowledgement. To obtain a paper copy I may request it from the office or the website.

Signature

Sign Here

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